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CONFIRMATION NO. 8239

SERIAL NUMBER 10/677,512	FILING DATE 10/01/2003 RULE	CLASS 438	GROUP ART UNIT 2812	ATTORNEY DOCKET NO. M-15121 US					
APPLICANTS Woo Sik Yoo, Palo Alto, CA;									
<i>SPT</i> ** CONTINUING DATA ***** <i>none</i>									
<i>SPT</i> ** FOREIGN APPLICATIONS ***** <i>none</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/29/2003									
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Handwritten Signature</i> <i>SPT</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 15%; border: none; text-align: center;"> STATE OR COUNTRY CA </td> <td style="width: 15%; border: none; text-align: center;"> SHEETS DRAWING 11 </td> <td style="width: 15%; border: none; text-align: center;"> TOTAL CLAIMS 15 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Handwritten Signature</i> <i>SPT</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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ADDRESS Theodore P. Lopez MacPHERSON KWOK CHEN & HEID LLP Suite 226 1762 Technology Drive San Jose , CA 95110									
TITLE Selective heating using flash anneal									
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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